Incident Report Form

(Use this form to document a serious accident or complaint.)

Location: ____________________________________________________________

Type of Incident: ______________________________________________________

Date(s) of Incident: ____________________________________________________

Names of Persons Involved (including ages and troop if girls):

Any witnesses? □ Yes  □ No

Names, addresses and phone numbers of any witnesses:

Describe the situation chronologically.
(For an injury include 1. Type of injury 2. Name of first aider involved 3. Type of first aid given 4. What happened? Did person continue activity, go home, go to a medical facility? 5. Were parents notified?)

Resolution: __________________________________________________________

Submitted by: ___________________________ Date: ___________ Phone #: ___________

Rev.03.2018
Troop Leader submit to Overseas Committee Chair

OCC submit to USAGSO

Rev.03.2018